

This passive transmission of hypersensitiveness occurred on February 4, 1913, and about one month later strawberries were eaten for the first time followed by a generalized urticaria lasting for twenty-four hours. Recurrent attacks of equal intensity occurred after eating strawberries for a period of about three months when the urticarial reaction gradually became less severe, finally disappearing over a period of another month which was approximately four months from the time of transmission. That this hypersensitiveness was only temporary is further indicated by the absence of a recurrent attack for nearly one year, although strawberries have been taken repeatedly.

COMMENT

From the above report it would seem well to reemphasize the suggestion of Ramirez that a history of anaphylactic manifestations should be included in the routine examination of prospective blood donors.

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TROPHIC DISTURBANCE OF FINGERS AND TOES

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ON October 13, 1929, a 58-year-old Armenian patient was admitted to the Loma Linda Sanitarium and Hospital. His fingers and toes showed such unusual changes that we are giving a brief summary of history and findings, and presenting roentgenograms and photographs of the hands.

The patient was by calling a minister of the Armenian Apostolic Church. His complaint on entrance was pain in the chest associated with dyspnea, vertigo, and slight tremor of the right arm. The chest pains would sometimes come on while resting, but did not disturb sleep. In the main, however, the pain was initiated by exertion. The onset had been sudden (February 12, 1929) and attacks were becoming more frequent and more severe.

His past history may be summed up as follows: Residence was in Armenia until the age of eighteen, and since in the United States. Diseases: measles at the age of six months; smallpox at the age of thirty-eight; deformity of fingers, according to the patient, was of about twenty years' standing, and any soreness associated with them had been of minor

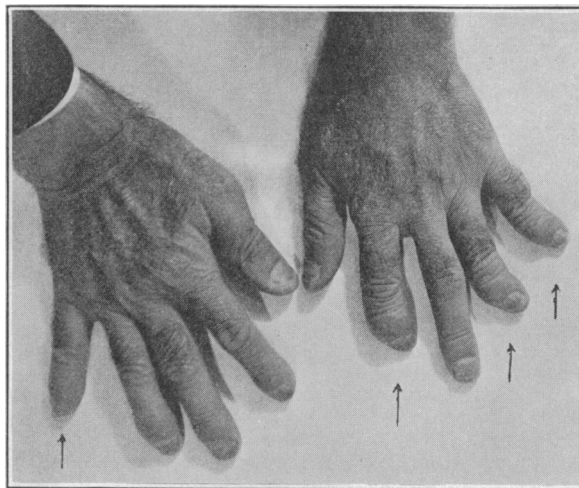


Fig. 1.—Trophic disturbance of fingers.

nature; accidents none. Operations: right lower turbinectomy in 1919. Habits: walked three to ten miles a day, used no drugs, alcohol, or tobacco.

Questions with reference to the system evoked practically negative answers except for his chief complaints and a slight constipation.

The father "died of fright" at the age of thirty-five. Otherwise the family history was negative.

Findings were as follows: Temperature ranged from 97.2 to 98.8 degrees; pulse, 64 to 80; respiration, 20; tonsils were inflamed and contained pus; the nasal septum was markedly deviated and thickened; the pulses were synchronous and equal; peripheral vessels compressible; systolic pressure was 152, diastolic 90. The left cardiac border was at the midclavicular line, right border one and one-half cubic centimeters from the midsternum. A_2 was greater than P_2 , with a distinct metallic quality of sound. No murmurs, thrills or arrhythmias were detected before exercise; immediately after exercise the pulse reached 126, accompanied by a musical systolic murmur. One and one-

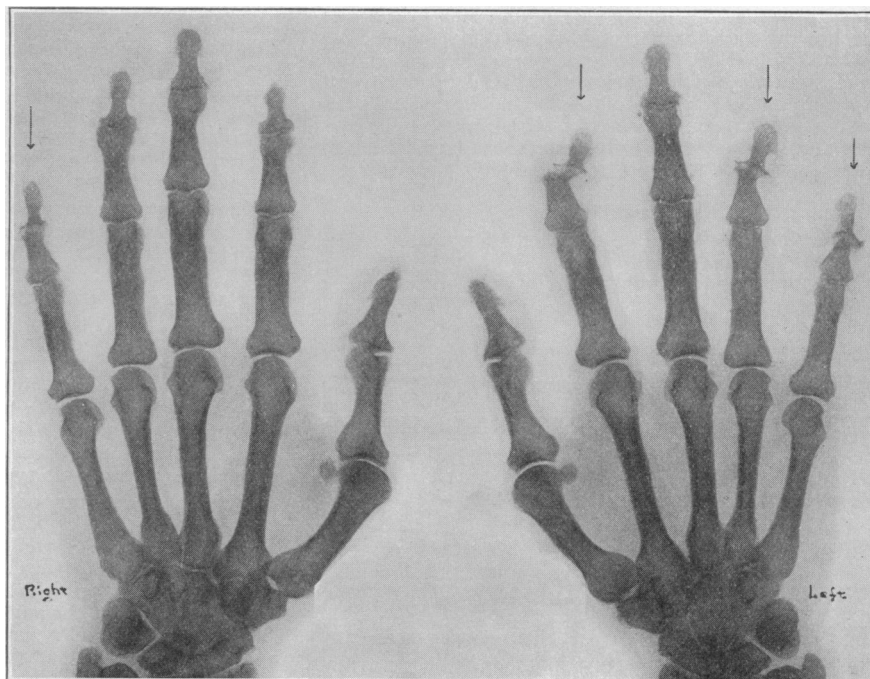


Fig. 2.—Roentgenograms of hands shown in first figure.

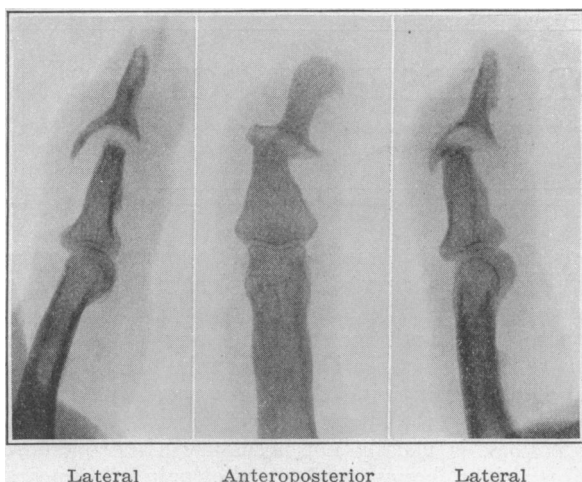


Fig. 3.—Detail view of fingers.

half minutes later the rate was 78. The ephedrin test for angina was negative. An electrocardiographic tracing was normal. Stereoroentgenograms of the dorsal spine indicated a slight scoliosis, but no other bone pathology. However, a calcified ring shadow was evident in the aortic arch, indicating some sclerotic changes there. No pathologic changes in lungs. Psoriasis was present on the scalp, chest and anterior abdominal walls and probably the fingernails.

Laboratory findings were: Negative blood Wassermann; metabolic rate of minus 15 per cent (after thirty days of daily dosage of one-half grain of thyroid it was still minus 15 per cent); normal level of gastric acidity; a blood picture showing mild secondary anemia; and a thirty-day blood culture, after the method of culture for arthritis, produced a growth of streptococcus.

The most interesting feature of the case was the deformity of most of the toes and several fingers—the right fifth, and the left second, fourth and fifth. The finger deformity, on inspection, consisted of an enlargement, shortening and hypermobility at the terminal joint with ulnar deviation of the terminal phalanx of the left second and fourth. There were no evidences of inflammatory reaction about the fingers. Roentgenograms showed the typical deformity appearing as an absence of the distal end of the second phalanx of involved fingers, the stump-like end of the shaft fitting into the concavity of an eggshell-like cupped extension (chiefly posterior) of the proximal end of the terminal phalanx.

The patient was in the institution a little over a month and several therapeutic tests were made to relieve the chest pain, *viz.*, euphyllin tablets 1, three times a day, with no marked relief; tincture digitalis, one-half cubic centimeter, three times a day, producing no particular change; and as a last resort, elixir triple bromids, four cubic centimeters, three times a day, *p. c.*, apparently gave as much relief as anything. The patient went home slightly relieved of his complaints. Twenty-three days later he wrote that he had passed through a railroad disaster which nervous shock brought back the pain in his chest for thirty minutes.

From the blood-culture growth an autogenous vaccine was made and sent to his family physician for administration. He received a severe reaction from the eighth dose and the physician was loath to continue the treatment. Several attempts to get in touch with the patient since that time have failed.

One radiologist reported that the pathology is "undoubtedly due to a trophic disturbance. Le-

sions like these are seen with syringomyelia or old vertebral fractures. The erosion of the terminal ends of the middle phalanges is also very similar to the changes seen in leprosy, but in this case the tips of the terminal phalanges are normal. Somewhat similar appearances have been seen with diabetes, but the exact etiology is entirely a matter of guesswork."

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Effects of Economic Crisis on Children.—The Deutsche Gesellschaft für Kinderheilkunde, at its meeting in Dresden in September, 1931, expressed in a proclamation the fear that the long-continued economic crisis might cause a general weakening of resistance to disease in the oncoming generation. Observations made during the war show that children suffer the most from inadequate nutrition. For that reason, Gottlieb and Stransky of the Vienna public health service examined eight hundred young children, establishing the weight of each child. They report in an article in the *Klinische Wochenschrift* that the number of underweight children in families that had been at least a year without a definite source of income was considerably higher than the number of children showing overweight. Among the children of employed parents, however, the number showing overweight was more than twice as large as the number presenting underweight. The children of the unemployed, ranging between two and four years of age, show an especially large number who are underweight. In children five and six years old, the differences are not so marked. The results of these investigations appear to justify the fears of the Deutsche Gesellschaft für Kinderheilkunde. While the conditions among school children are at present more favorable, there can be no doubt that, if the economic crisis continues, they also will soon present symptoms due to inadequate nutrition, as is apparent from investigations made in some of the industrial sections of Lower Austria.—*Journal of the American Medical Association.*

Financing Hospitals by Sweepstakes.—The immense success with which the Irish hospitals have become parasitic on the gambling spirit of the world is producing ulterior effects. The last sweepstake but one reached the enormous total of \$20,000,000, of which \$14,000,000 was distributed in prizes and \$1,500,000 paid in expenses. Instead of paying the remaining \$4,500,000 to the hospitals, the Free State government now takes half of it—one-fourth as "stamp duty" and another for public health purposes. A large part of the money comes from Great Britain, and the feeling has naturally arisen that, if the British people will gamble in this way, their own hospitals should reap the benefit. In the six sweepstakes that have been conducted, Great Britain subscribed \$66,000,000, of which \$35,000,000 was returned in prizes. Such gambling is illegal in Great Britain and some prosecutions have taken place for selling tickets; but it has proved impossible to check their sale. It is now proposed to get over the obstacle of illegality in Great Britain by forming a syndicate in Monte Carlo by means of which British citizens can gamble on sweepstakes to the benefit of their own hospitals. A start is to be made early in 1933 by sweepstakes on an English horse race. There is some question as to how much the government of Monaco will share in the profits; half has been mentioned, but it is thought that this fraction may be considerably reduced.—*London Letter. (Journal of the American Medical Association.)*

White Walking Sticks for the Blind.—The automobile, which has brought so much danger to the pedestrian, is especially dangerous to the blind. The ingenious idea that the blind should carry white walking sticks, as a sign of their infirmity, is being put into practice. Institutions for the blind are now supplying these sticks, which will become a recognized warning to automobile drivers.—*Journal of the American Medical Association, Vol. 99, No. 18.*